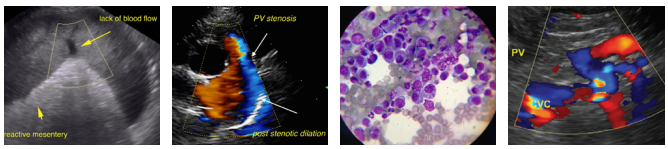
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Jennabelle Roca

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Spayed Female

AGE
6 Years 9 Months

WEIGHT
10.2 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Leon Anderson

HOSPITAL NAME
Elizabeth AH

REFERRING VET
Dr. Leon Anderson

INVOICE
40140

DATE
8/3/22

PRESENTING CLINICAL SIGNS

In for wellness and to make a plan for dental treatment. Lab values revealed CKD and proteinuria. Abnormal PE/Chem/CBC/UA Results: PE: Stage III Dental Disease, long nails, low grade bilateral medial patella luxation's. Labs UA: SG 1.034, pH 6.5, Protein 500mg/dL, 39 RBC's (from cysto likely) UPC: 2.29 CBC: MCH 26.2 pg (h) Chem: SDMA 19 ug/dL, Creat 2.2 mg/dL, BUN 91 mg/dL Spec cPL: normal Heartworm, Ehrlichia, Lyme Anaplasma: Negative Fecal antigen and float: Negative PENDING: Urine Culture

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.61 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.41 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (1.5 cm long x 0.70 cm at the cranial pole and 0.35 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.36 cm long x 0.38 cm at the cranial pole and 0.38 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

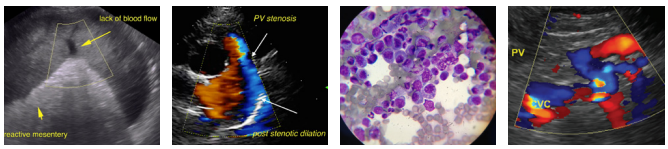
Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jennabelle Roca

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

6 Years 9 Months

WEIGHT

10.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

40140

DATE

8/3/22

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

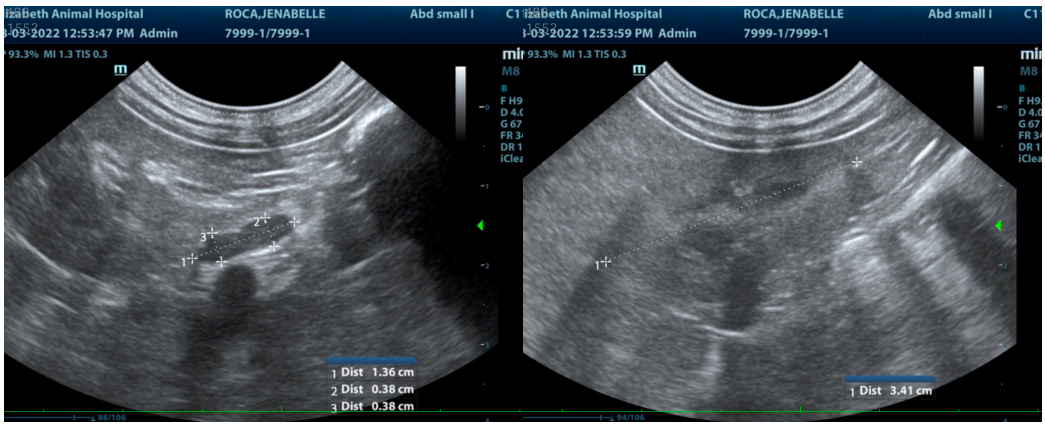
- Unremarkable/normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

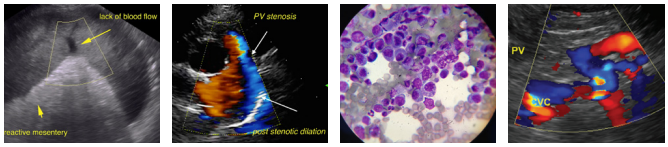
A blood pressure is recommended if not recently evaluated.

Testing for Leptospirosis is indicated, given the reported azotemia.

BUN can be high in Yorkies especially, without the presence of kidney disease, and this patient's specific gravity is slightly higher than would be expected with chronic kidney disease. However, given the concurrently increased creatinine, management of kidney disease may be indicated. If there is no historical reason for dehydration or physical findings of dehydration, etc., early management of chronic kidney disease with a diet, if tolerated, an ACE inhibitor such as Benazepril, given the proteinuria, management of hypertension, if present, etc. is recommended. If hydration status can be addressed, then recommendations are to recheck lab work following the return to adequate hydration with management of kidney disease recommended if azotemia persists after that time.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jennabelle Roca

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

6 Years 9 Months

WEIGHT

10.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

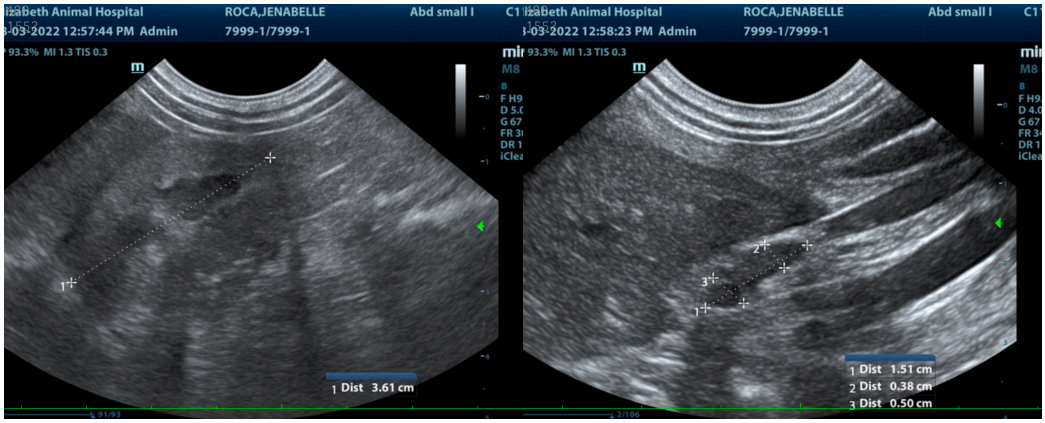
Dr. Leon Anderson

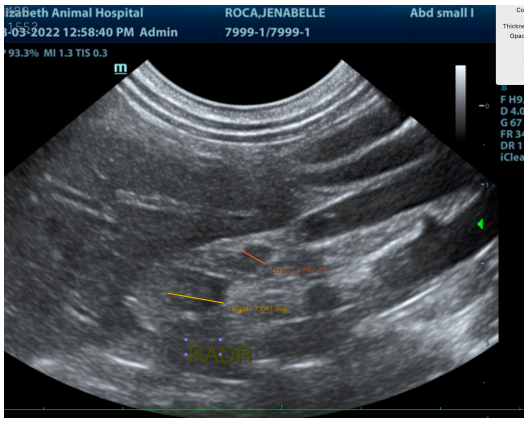
INVOICE

40140

DATE

8/3/22





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com